

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 06/08/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 06/10/2008						
		FINANCIAL PAYER: NCDHHS						
PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL	
NUMBER	PROVIDER NAME	REBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DO/SAS	21	1553	DUPLICATE OF CLAIM-SYSTEM				
		8534	1151	SERVICE FACILITY LOCATION IS N OT A VALID IPRS	4	3942	8814	4872
				ATTENDING PROVIDER, OR THE NPI				
		8800	361	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404904	WESTERN HIGHLAN DS LME	3411	1570	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8961	696	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH	0	3794	7916	4122
		8326	468	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404910	PATHWAYS	8326	1513	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8800	336	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	5	2106	7735	5629
		8534	118	SERVICE FACILITY LOCATION IS N OT A VALID IPRS				
				ATTENDING PROVIDER, OR THE NPI				
3404912	CATAWBA COUNTYM ENTAL HEALT	8599	47	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8326	40	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	129	3610	3481
		7001	12	EXCEEDS THE ONE PER DAY LIMITA TION				
3404913	MECKLENBURG COM ENTAL HEALT	8326	1708	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8800	1574	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	5807	17572	11765
		79	1142	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404916	CROSSROADS BEHA VIGORAL HEAL	8956	44	CLAIM SHOULD NOT CONTAIN BOTH NPI AND BILLING PROVIDER NUMBER. BILLING PROVIDER NUMB				
		0	0		0	44	62	18
3404917	CENTERPOINT HUM AN SERVICES	8505	5663	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	95	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	6059	8003	1944
		8599	74	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404919	GUILFORD CO MEN TAL HEALT/HC	8800	963	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		11	179	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1603	8945	7342
		8599	159	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404920	ALAMANCE CASWEL L AREA MH D	8505	189	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	133	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	557	1252	695
		8326	62	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404921	ORANGE PERSON C HATHAM AREA	11	360	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	14	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	374	380	6
3404922	THE DURHAM CENT ER	8800	2127	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8326	1378	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	5704	9453	3749
		21	1321	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	11	70	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	46	DUPLICATE OF CLAIM-SYSTEM	0	128	472	344
		8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8800	973	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		21	258	DUPLICATE OF CLAIM-SYSTEM	8	1933	11042	9109
		8326	223	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404926	SOUTHEASTERN RE G MENTAL HL	8961	960	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH				
		8326	471	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	1869	3860	1991
		8536	122	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404927	CUMBERLAND CO M HC	11	111	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	99	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	222	490	268
		8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MH/TL HL/HC	8505	1281	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8957	165	CLAIM SHOULD NOT CONTAIN BOTH NPI AND ATTENDING PROVIDER NUMBER. ATTENDING PR	2	1982	4688	2706
		8599	147	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC BILLING OF	8326	714	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8505	541	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	7	2362	5006	2644
		8536	434	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				

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3404933	SOUTHEASTERN CT R FOR MH/DD	8536	2695	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8505	2467	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	7873	10683	2810
		8326	2155	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404934	ONSLow CARTERET BEHAV HEAL	8326	1001	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8505	452	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	2512	4160	1648
		8536	407	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8532	236	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED				
		8326	184	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	1	800	5598	4798
		8800	127	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404939	EAST CAROLINA B EHAVIORAL H	8800	467	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8326	319	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	987	5324	4337
		21	103	DUPLICATE OF CLAIM-SYSTEM				
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	8326	466	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8961	320	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH	5	1251	2998	1747
		3411	145	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404944	EASTPOINTE HUMA N SERVICES	8326	1043	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8505	102	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	1180	2565	1385
		79	17	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM ENTAL HEALT	8963	297	ATTENDING PROVIDER NPI IS NOT NUMERIC. PLEASE RESUBMIT WITH CORRECT NPI NUMBER.				
		3101	163	THE TAXONOMY CODE FOR THE ATTE NDING PROVIDER IS MISSING	0	849	1671	822
		8536	62	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404949	PIEDMONT BEHAVI ORAL HEALTH	27	32454	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
		537	15621	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	0	17809	254508	1
		191	12802	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				